

## ISSUE SLIP STAPLE A.P.E.A (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	M.D.N.	50	02-02-01
FORMALITY REVIEW	MN	778	21-02-01
RESPONSE FORMALITY REVIEW	S.G.B.	1091	10-09-01

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	9/2/01
2	✓ 1
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
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